

This form is available online at <http://www.eastwestcenter.org/jefferson>.

You may type directly onto this form using Adobe Acrobat software, available free of charge at <http://www.adobe.com/products/acrobat/readstep2.html>.  
Click on the fields below to enter your information.

**EAST-WEST CENTER**



**JEFFERSON FELLOWSHIPS APPLICATION**

**Employer's Statement of Support**

Financial support is not required, but employers are encouraged to consider cost sharing as a demonstration of commitment to the goals of the program. Completion of this form is required regardless of your ability to provide financial support to the applicant.

**Name of applicant:**

(Mr./Ms./Dr.) \_\_\_\_\_ Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

If the above applicant is selected for the Jefferson Fellowship, our organization will provide the following support (check all that apply):

\_\_\_\_\_ Air transportation:

\_\_\_\_\_ Full trip, or

\_\_\_\_\_ Cost share up to a maximum amount of US\$ \_\_\_\_\_.

\_\_\_\_\_ Per diem in Honolulu at \$30.00 per day.

\_\_\_\_\_ Per diem during the travel period of US\$ \_\_\_\_\_ per day.

\_\_\_\_\_ Housing at EWC guesthouse at \$35.00 (studio) to \$48.00 (with kitchen) per day.

\_\_\_\_\_ Other (to be discussed with the East-West Center).

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**EAST-WEST CENTER**



**JEFFERSON FELLOWSHIPS APPLICATION**

Please type or print legibly. Use additional pages if necessary.

Name of applicant (Mr./Ms./Dr.): \_\_\_\_\_  
(*Exactly as it appears in passport*)      *Family Name*      *Given Name*      *Middle Name*

Country of legal permanent residence: \_\_\_\_\_

Passport: Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Male: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Female: \_\_\_\_\_  
*Month / Day / Year*      *City / Country*

Current Position/Title: \_\_\_\_\_

Name of News Organization: \_\_\_\_\_

Full Office address: \_\_\_\_\_

*Street Number or Post Office Box*

*City*

*State*

*Zip*

*Country*

Office Phone Number: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office E-mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Street Number or Post Office Box*

*City*

*State*

*Zip*

*Country*

Home Phone Number: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home E-mail address: \_\_\_\_\_

\*Note: We will communicate with you via e-mail or your office fax, unless you indicate otherwise.

*For items below, you may submit a resume containing requested information.*

**Post-Secondary Education**

Institution attended

Major Subject

Dates

Degree

\_\_\_\_\_  
\_\_\_\_\_

CONTINUED ON NEXT PAGE

**Positions Previously Held** (last ten years)

Position Title	Organization	Dates

**Memberships and Positions in Professional Associations; Professional and Academic Honors**

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**Travel Outside Home Country** (please list countries, year and purpose of travel)

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**Language Ability**

Language	Speaking Proficiency (fair/good/excellent)	Reading Proficiency (fair/good/excellent)

**Have you previously participated in an East-West Center program(s)? If so, please list name(s) of program(s) and year(s).**

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**IMPORTANT:** Your application is not complete until **all** of the following are submitted:

- A letter from yourself outlining issues of interest, a brief description of your organization, and what you expect to accomplish if an award is granted. Please suggest topics you propose to address in your paper and presentation at the Center (Maximum 3 pages, please).
- Samples of your work are not required. If you wish to include samples, we prefer web links to articles (when possible) rather than hard copies.
- Names, addresses, phone/fax numbers and e-mail, if available, of three people who may be contacted by the Center as references. Two of these references should be people outside your news organization.
- A letter of recommendation on official letterhead, with original signature, from your supervisor describing your suitability for the Fellowship and the benefit the organization hopes to derive from your participation in the program.
- The employer should also complete the "Employer's Statement of Support" form.

**Return by Wednesday, December 20, 2006 via:**

**E-MAIL:** [seminars@EastWestCenter.org](mailto:seminars@EastWestCenter.org)

**FAX:** (808) 944-7600

**POST:** Jefferson Fellowships Program, East-West Seminars  
East-West Center, 1601 East-West Road, Honolulu, Hawaii, 96848-1601, USA

**PLEASE NOTE, for fax and e-mail submissions:** Indicate "**Jefferson Fellowships Application**" in the subject heading. We will confirm receipt of the application within 5 working days. If you do not hear back from us, please follow up.

- Applications must be received at the East-West Center by the application deadline in order to be considered.